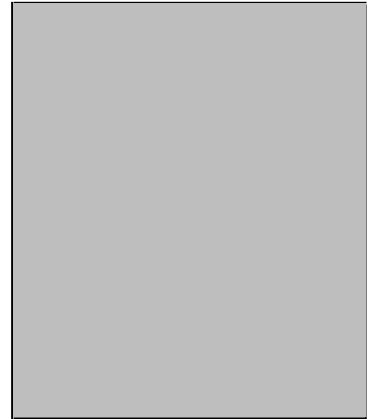


ADMISSIONS APPLICATION

APPLICATION FOR ADMISSION



- MASTERS OF SCIENCE IN ORIENTAL MEDICINE**
 DOCTOR OF ACUPUNCTURE AND TRADITIONAL MEDICINE (DATM)
 DATM COMPLETION TRACK
 NEW ADMISSIONS **RE-ADMISSIONS**

STUDENT INFORMATION

Please attach a passport-sized color photo taken within 3 months

LAST NAME			FIRST NAME			MIDDLE NAME		
STUDENT I.D. #	<i>Office Use Only</i>		S.S.N			GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
DATE OF BIRTH	<i>Month/Date/Year</i>			BIRTH PLACE	<i>City/State/Country</i>			
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	DRIVER'S LICENSE	<i>State</i>	<i>ID#</i>	STUDENT'S FIRST LANGUAGE		

LOCAL ADDRESS

PERMANENT ADDRESS

Street Address 1
Street Address 2
Street Address 3
City, State, Zip
Country
Mobile Phone Work Phone
E-mail Address

Street Address 1
Street Address 2
Street Address 3
City, State, Zip
Country
Mobile Phone Work Phone
E-mail Address

COUNTRY OF CITIZENSHIP		CURRENT STATE OF RESIDENCE	
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If not a US citizen, your current immigration status is (check one and specify if necessary):

- Permanent Resident
 F-1 (International Student)
 Other-Specify _____

The US Government requires us to collect information regarding the ethnic origin of our applicants. Please check and specify if necessary:

- Asian/Pacific Islander
 Black/African American
 White/Caucasian
 Chicano/Latino
 Other _____

ENROLLMENT INFORMATION

Year you plan to enroll: _____ Term you plan to enroll: Winter Spring Summer Fall

Language Program: English Program Korean Program Chinese Program

Financial Resources: Personal Family Support Financial Aid Other-Specify _____

ADMISSIONS APPLICATION

ACADEMIC INFORMATION

NAME OF SCHOOL, COLLEGE, UNIVERSITY	CITY	STATE	BEGIN (MM/DD/YY)	END (MM/DD/YY)	DEGREE CONFERRED

EMERGENCY CONTACT INFORMATION *(Must list at least one local contact)*

NAME	RELATION	ADDRESS	WORK PHONE	HOME PHONE

By signing below, I certify that the information given on the application is true and correct. I understand that once all required documentations are submitted, they will become the property of Dongguk University and will not be returned to me or duplicated. I also accept and understand that acceptance of this application for admission to the University may be contingent upon verification of any information regarding my educational background.

In addition, I have been advised of and fully understand Dongguk University's Refund and Cancellation Policies such that if a situation occurs where I choose to cancel my enrollment agreement or seek a refund, I must make my request in writing within the specified time as required by the University.

STUDENT'S SIGNATURE: _____ TODAY'S DATE: _____

ADMISSION COMMITTEE DECISION: ADMIT CONDITIONALLY ADMIT DENY ADMISSION

COMMENT: _____

DIRECTOR OF ADMISSION _____ SIGNATURE _____ DATE _____

DEAN OF ACADEMIC AFFAIRS _____ SIGNATURE _____ DATE _____